424 - VERIFICATION OF RECEIPT OF PAID SERVICES

EFFECTIVE DATE: 04/01/10, 06/01/15

REVISION DATE: 07/01/10, 10/28/10, 10/01/2012, 05/12/15

STAFF RESPONSIBLE FOR POLICY: DHCM FINANCE

I. PURPOSE

This Policy applies to the Acute Care, ADHS/DBHS, ALTCS/EPD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD) Contractors. The Contractor is responsible for verifying member receipt of paid services according to Federal and contractual requirements to identify potential service/claim fraud [42 CFR 455.20]. The Contractor is expected to perform periodic audits through member contact and to report the results of these audits to AHCCCS Division of Health Care Management (DHCM).

II. DEFINITIONS

VALIDATION Receipt of affirmative confirmation from the member (written or verbal).

III. POLICY

A. GENERAL REQUIREMENTS

1. The Contractor shall perform, at a minimum, quarterly audits to determine member receipt of paid services.

2. A Quarterly Verification of Services Audit Report, shall be due on January 15th; April 15th; July 15th; and October 15th; using the format in Attachment A, Quarterly Verification of Services Audit Report.

B. SAMPLING

1. The sampling shall be from claims with Dates of Services (DOS) from the reporting quarter and not more than 45 days from date of payment pursuant to 42 CFR 455.232 and 433.116(e). The report is due the 15th day after the end of the quarter that follows the reporting quarter as specified in Contract, Attachment F3, Contractor Chart of Deliverables. For example, the July 15th report would be for paid claims with DOS for January through March. Surveys can be performed at any point after claims have been paid.

2. Members who are surveyed shall have been enrolled with the Contractor during the period under review.

3. The sampling shall consist of claims that resulted in payment.

4. The sampling shall be proportionally selected from the entire range of services available under the contract (e.g. inpatient, outpatient, nursing facility, assisted living facility and in-home services).

5. The sample size shall be at least 100 claims randomly selected based on the qualifications above. The minimum sampling size for an ALTCS/EPD Contractor with less than 2,000 members shall be 50 claims (the minimum sample size refers to completed surveys).

C. METHODOLOGY

1. The audit can be performed by mail, telephonically or in person (e.g., ALTCS case management on-site visits). Concurrent review will be allowed; however, if used it must be recorded and tied back to a successfully adjudicated claim.

2. Survey language should be in an easily understood language, including the description of services (e.g., x-ray, surgery, blood tests, counseling) when validating the receipt of paid services.

3. Individual survey results indicating that paid services may not have been received shall be referred to the Contractor's Fraud and Abuse department for review and on to the AHCCCS Office of the Inspector General (AHCCCS-OIG) department as appropriate.

D. REPORTING

1. The Contractor shall submit a report which includes the total number of surveys sent out, total number of surveys completed, total services requested for validation, number of services validated, and number of services referred to AHCCCS-OIG department for further review (Attachment A).

2. A cover letter should accompany the report that discusses the number of surveys that resulted in a referral to the Contractor's Fraud and Abuse department and analysis and interventions where appropriate.

IV. REFERENCES

- Acute Care Contract, Section D
- ADHS/DBHS Contract, Section D
- ALTCS/EPD Contract, Section D
- CRS Contract, Section D
- DCS/CMDP Contract, Section D
- DES/DDD Contract, Section D

- 42 CFR 455.20
- 42 CFR 455.232
- 42 CFR 433.116(e)
- Attachment A, Quarterly Verification of Services Audit Report
- Contract, Section F, Attachment F3, Contractor Chart of Deliverables

ATTACHMENT A: QUARTERLY VERIFICATION OF SERVICES AUDIT REPORT

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY